Tues-P111
COMPLEX THERAPY IN SEX REASSIGNMENT PROCESS

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The aim of the investigation was to develop complex therapy methods for transsexual persons subjected to plastic surgery on genitals. Clinical assessment, psychopharmacotherapy and psychotherapy have been accomplished before and after the plastic surgery. 125 transsexual patients in age from 18 to 42 years have been investigated. Special tests showed that before the surgery most patients knew almost nothing about the procedure itself, were quite unawared of its possible complications, and had unreasonable expectations and impractical plans concerning their future. All the patients had mild mental disorders as following: (1) anxious-phobic disturbances (34 patients); depressive disturbances (68); mixed depressive and phobic disturbances (26).

Complex therapy included medicinal treatment in combination with psychotherapy. Medicinal treatment was directed to affective disturbances reduction. Psychotherapy method was chosen with account to the patient's personality. Besides cognitive therapy together with educational programme were conducted for all the patients.

The results of this therapy approach showed different positive changes in patients' clinical status and their attitudes toward the surgery, in particular reduction of mood disturbances, realistic predispositions toward the surgery, priority of health value. Some patients chose partial surgery of the genitals for the purpose of possible complications reduction. Expressed positive effect has been evident in 68% of the patients; 23% of the patients showed mild positive effect and 9% showed only slight positive alterations.

Thus this complex therapy showed significant efficacy and can be recommended for transsexual persons treatment.

Tues-P112
CLINICAL PRESENTATION AND THERAPY OF SEXUAL SOMATIZATION DISORDERS IN MALES

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Clinical particularities and variants were studied in groups of 60 male patients suffering from sexual somatization disorders (age limits from 17 up to 35). The diagnosis of somatization sexual disorder requires that a patient have a specific number of medically unexplained somatic sexual symptoms. The predispositions are represented by particularities of personality, annoying states (social and sexual fears), hysterical reactions and weak variant of sexual constitution. The sexual somatization is accompanied by symptoms of depression and anxiety, what is especially actual for men because of social and psyshological importance of male sexual function.

On the basis of psychopathological mechanisms and particularities of personality in structure of sexual somatization disorders we choose certain methods of therapy which include the treatment of anxiety, anxiety associated with depression and neurotic depression by anxiolitics and antidepressants such as Xanax (alprazolam tablets), Coaxil (tianeptin) and others in combination with psychoterapy (rational psychotherapy, psychoterapy in the state of hypnotic suggestion, hypnotherapy, autogenous training, suggestion in the state of walking, sex therapy and others). The satisfactory results were reached in 65–70% of describing cases.

Tues-P113
SEXUAL ANGEDONIA IN WOMEN

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In our practice, we very often meet such psychiatric and sexual disharmony, as sexual angedonia. It may accompany wide specter of sexual problems, for example: anorgasmia, dispareunia, marital disharmony and other. At the same time, sexual angedonia is one of marks of angedonia in depressive state (in our patients we usually can find subdepression, masked depression, or neurotical depression).

In clinical presentation if this syndrome we see compliance's to absence of sensation (emotional and physical) during sexual foreplay and intercourse itself, lack of enjoyment in sexual communication, sometimes to unpleasant and even disgusting feelings during sexual act (in some cases even more hard during foreplay, deep kisses). Some of our patients have travesty, artificially increased estimate of sexual pleasure, sexual norms, orgasm sensations (for example, they suggest, that orgasm must be accompanied with swoon, or partial consciousness, or be prolonged about 5–10 minutes al least, or they must feel "incredible strong muscle spasms" and so on...). Very often such patients really have orgasmic experience, but just don't want to admit it.

In treatment of our patients we starting with salvation of affective, psychiatric problems - we use antidepressants with tranquilizing effects, such as Xanax, Coaxil and others, and adaptogenes, vitamins (to combat psychastenia). We also employ different methods of psychotherapy (individual, family, rational, suggestive and others). All this measures in complex with special sex-therapy give us possibility to improve sexual life and "quality of life" in common in our patients.

Tues-P114
DIFFERENT FACTORS INFLUENCING THE DECISION TO CHANGE THE GENDER

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All people who want to change their biological and social gender must pass trough many expertises and tests to get the permission to do it. One of them is psychodiagnostics. In our laboratory of psychology and psychotherapy we do psychodiagnostics for all of them. All these patients wanted to have a formal conclusion and were not asking for any help. We tested some features of their mentality, their personality and the gender identification. We define three groups of factors making people to wish to change the gender. The first one is transsexsualism, gender identification does not correspond with the biological and social gender a person has. Some patients have some special mental features or thinking decease which make us supposing some personal or mental disorders. And the last group of factors were some psychological problems, especially problems of the early childhood and relationship with their parents. According to this factors we divide people who want to change their biological and social gender to. different groups. The biggest group is the group of "real", "veritable" transsexuals. They do have some psychological problem, but transsexualism is not a consequence of them, rather they are consequence of transsexsualism. The other group consists of people with some personal and mental deceases and their desire to change the gender is one of the simptoms they have. The third group is the group of people with psychological problems, they are not aware of them and the problems are represented at the conscience level as

transsexsualism. Of course, the borderlines between these groups are not so certain. It is just a diagnostical model. We want to pay special attention to the point that some people have dual diagnosis and if a person has some personal decease that doesn't mean that this person is not transsexsual. It is important for choosing the way of treatment adequate for all these groups. In our country the only special treatment for transsexsuals is surgery and changing the personal documents after surgery.